

# Foster Family Home - Corrective Action Report

Provider ID: 3-190057

Home Name: Rosalinda Ganir, CNA

74-5044 Hua'ala Street

Kailua-Kona HI 96740

Review ID: 3-190057-3

Reviewer: Lori O'Keefe

Begin Date: 5/5/2020

## Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

6.d.1 - Recertification inspection conducted for this 2 bed home. A corrective action report (CAR) is being issued on 5/7/2020 via email due to COVID precautions. A written corrective action plan (CAP) is due back to CTA by 6/7/2020.

## Foster Family Home Medication and Nutrition

[11-800-47]

47.(d)(1) By order of a physician;

47.(d)(2) Reflected in the client's service plan; and

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.d.1, 47.d.2, and 47.e - Client 1 has a [REDACTED] that has no physician order in the record and it is not reflected on the clients service plan.

This client has a [REDACTED] that has no physicians order and it is not reflected on the service plan. There is no evidence that specific instruction and training has been provided by the CMA RN for this [REDACTED]. Client has a skilled need for [REDACTED] that is not reflected on the service plan, nor is there evidence of RN delegation in the clients record.

## Foster Family Home Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

Comment:

54.b.5 - Client records are found to be completed in areas using blue ink. Black ink is required for all documentation.

Lori O'Keefe RN  
Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager:

LORI O'KEEFE

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Rosalinda Ganir

(PLEASE PRINT)

CCFFH Address:

74-5044 Huaala St. Kailua Kona, HI, 96740

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
*47(d)(1) 47(d)(2)	*Obtained physicians order for [REDACTED] and [REDACTED] for record. Also, reflected on the clients service plan.	* May 9, 2020	* PCG will ensure physicians orders are up to date and is included before patients admission. Or as soon as changes are made.
*47(e)	*CMA provided specific instructions and training for clients [REDACTED] for PCG and SCGs. RN delegation was done by clients CMA. It was placed into clients records.	*May 9, 2020	* Home will notify clients CMA that RN delegations needs to be done within two days of caregiver being added to the home.
*54(b)	*Rewrite clients records using only black ink.	*May 9, 2020	* Use only black ink pens for recording.

☒ All items that were fixed are attached to this CAP

PCG's Signature:

Rosalinda Ganir

Date:

6/25/2020



CTA has reviewed all corrected items